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TADAHIKO HISANO
18-1 HINOMINE
4-CHOME, KITA-KU
KOBE-SHI, HYOGO-KEN, 651-12
JAPAN

Mail Date: 8-25-05
Application Number: 10787116

NOTICE TO PAY BALANCE OF ISSUE FEE

The issue fee payment filed on 01/14/05 has been received. Although the fee paid in the Notice of Allowance was paid, new patent fees went into effect on December 8, 2004, after the mailing date of the Notice. See the Sections 801 and 803 of the Consolidated Appropriations Act, 2005 (H.R. 4818). As stated in Section 803 of the Act, "the provisions of this title shall take effect on the date of enactment of this Act. . . the provisions of section 801 shall apply to all patents, whenever granted, and to all patent applications pending on or filed after the effective date [December 8, 2004]." Because the issue fee was paid on or after December 8, 2004, the new issue fee was due instead of the amount specified in the Notice of Allowance.¹

In accordance with 37 CFR 1.317, applicant is given a time period of **THREE (3) MONTHS** from the mailing date of this notice during which to pay the **BALANCE DUE** indicated below. The balance due is the difference between the issue fee required on the date that the correct issue fee is paid and the amount that was previously paid. This three-month time period may not be extended. If the balance due is not paid before the expiration of the three-month period, the application will become abandoned (if not issued) or the patent will lapse (if issued) at the termination of the three-month period.

App. Type	Column A	Column B		Balance Due. Col. A minus Col. B
	Issue Fee Req. large entity / small entity	Issue Fee PAID		
UTILITY or REISSUE	\$1,400.00 / \$700.00	\$ 685.00	\$	15.00
DESIGN	\$800.00 / \$400.00	\$	\$	
PLANT	\$1,100.00 / \$550.00	\$	\$	

Krystal Paige
Office of Patent Publication
Krystal Paige
Fax: 703-746-4642

A copy of this notice MUST be returned with payment.

CERTIFICATE OF MAILING

I hereby certify that this notice and the required additional fee are being deposited with the United States Postal Service with sufficient postage for first class-mail in an envelope addressed to Mail Stop Issue Fee, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date indicated below.

Printed Name: Tadahiko Hisano

Signature: Tadahiko Hisano

Registration Number, if any: S

Date: September 3, 2005

¹ Applicants should check the current fee schedule posted on the USPTO Internet web site at:

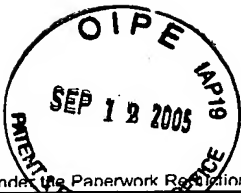
<http://www.uspto.gov/main/howtofees.htm> before paying the balance due in order to ensure that the correct issue fee is paid.

Adjusted
01/19/2005 KBE:ERH
02 FC:1506

09/14/2005 CNGUYEN1 00000094 10787116

01 FC:2501

700.00 0P



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Effective on 12/08/2004.
Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).

FEE TRANSMITTAL

For FY 2005

☒ Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$) 15

Complete if Known

Application Number	10/787,116
Filing Date	Feb. 27, 2004
First Named Inventor	Tadahiko Hisano
Examiner Name	Rehana Perveen
Art Unit	2182
Attorney Docket No.	

METHOD OF PAYMENT (check all that apply)

☐ Check ☐ Credit Card ☒ Money Order ☐ None ☐ Other (please identify): _____

☐ Deposit Account Deposit Account Number: _____ Deposit Account Name: _____

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

☐ Charge fee(s) indicated below ☐ Charge fee(s) indicated below, except for the filing fee
☐ Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17 ☐ Credit any overpayments

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FEE CALCULATION

1. BASIC FILING, SEARCH, AND EXAMINATION FEES

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	
Utility	300	150	500	250	200	100	
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	

2. EXCESS CLAIM FEES

Fee Description

	Fee (\$)	Small Entity Fee (\$)
Each claim over 20 (including Reissues)	50	25
Each independent claim over 3 (including Reissues)	200	100
Multiple dependent claims	360	180

Total Claims Extra Claims Fee (\$)

- 20 or HP = _____ x _____ = _____ Fee Paid (\$)

HP = highest number of total claims paid for, if greater than 20.

Indep. Claims Extra Claims Fee (\$)

- 3 or HP = _____ x _____ = _____ Fee Paid (\$)

HP = highest number of independent claims paid for, if greater than 3.

3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets Extra Sheets Number of each additional 50 or fraction thereof Fee (\$)

- 100 = _____ / 50 = _____ (round up to a whole number) x _____ = _____ Fee Paid (\$)

4. OTHER FEE(S)

Non-English Specification, \$130 fee (no small entity discount)

Other (e.g., late filing surcharge): _____ Payment for the BALANCE OF ISSUE FEES 15

SUBMITTED BY

Signature	Tadahiko Hisano	Registration No. (Attorney/Agent)	Telephone +81 (78) 583-3711
Name (Print/Type)	Tadahiko Hisano		Date Sep. 3, 2005

This collection of information is required by 37 CFR 1.136. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.